								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF													
Effective January 1, 2003								17	3/1	-	930		
CLAIMS AS FILED - PART I								LENTI	TY	OTHER THAN			
(Column 1)					(Colu	mn 2)	TYPE		OR	SMALL			
TOTAL CLAIMS			1,2				RAT	ΕΙ	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE 3	75.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			() minus 20=		• 6		X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		Φ		X42=			OR	X84=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT				+140=				+280=		
* 1f	the difference	in column 1 is	ero, enter	ero, enter "0" in column 2			AL.		OR OR	TOTAL	950		
CLAIMS AS AMENDED - PART II										, , ,	OTHER		
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	SMALL		
<b>AMENDMENTA</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	** =	20	= _	X\$ 9	=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	PENDENT	S AllA	= -	X42:	=		OR	X84=		
-	11101111200		OCTIT CE DE	FENDEN	CLAIN		+140	=		OR	+280=		
								AL	-		TOTAL		
	(Column 1) (Column 2) (Column 3)							EE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH	EST			ΑI	DDI-	ſ		ADDI-	
		AFTER AMENDMENT		PREVIO PAID	USLY	PRESENT EXTRA	RATE	E TIC	NAL EE		RATE	TIONAL	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=			l	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	7.010		
	1						+140			OR	+280=		
							TÓT ADDIT. F			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA	RATE	TIO	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	RRA		=	X42=	1-		Ì		· · · · · · · · · · · · · · · · · · ·	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	X84=		
+ 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
878	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ODIT. FEE		
	The "Highest Nun	nber Previously Pai	d For" (Total o	or Independe	ent) is the	n 3, enter "3," highest number fo	ADDIT, Flound in the		iate box				